

# Suicide: issue for bioethical reflection

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## Abstract

The paper analyzes the phenomenon of suicide, trying to demonstrate how this act of violence always coated happens more often than you think and how an act of extreme complexity, which should be better studied and observed. Discusses the relevance of this topic be better working in bioethics, discipline whose booming interdisciplinary approach promotes the understanding of the phenomenon. Looking to finally demonstrate how bioethics can contribute to a more human and full awareness of suicide, acting in various fields of knowledge.

**Key words:** Suicide. Bioethics. Death. Behavior. Health.

## Resumo

### Suicídio: tema de reflexão bioética

O texto analisa o fenômeno do suicídio, procurando demonstrar como este ato, sempre revestido de violência, acontece mais frequentemente do que se imagina e é de extrema complexidade, devendo ser mais bem estudado e observado. Discute a pertinência de o tema ser mais bem trabalhado em bioética, disciplina em plena ascensão e cuja metodologia interdisciplinar favorece o entendimento do fenômeno. Procura-se, por fim, demonstrar como a bioética pode colaborar numa percepção mais humana e completa do suicídio, agindo nos mais variados campos do conhecimento.

**Palavras-chave:** Suicídio. Bioética. Morte. Comportamento. Saúde.

## Resumen

### Suicidio: tema de reflexión bioética

El artículo analiza el fenómeno del suicidio, tratando de demostrar que este acto de violencia siempre recubierto ocurre con más frecuencia de lo que piensa y cómo un acto de extrema complejidad, que debe ser mejor estudiado y observado. Discute la importancia de este tema mejor trabajo en materia de bioética, una disciplina cuyo auge Enfoque interdisciplinario promueve la comprensión del fenómeno. El objetivo es demostrar cómo la bioética en última instancia, pueden colaborar en una percepción más humano y llena de suicidio, que actúa en diversos campos del conocimiento.

**Palabras-clave:** Suicidio. Bioética. Muerte. Comportamiento. Salud.

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The phrase by Camus remains current and profound: *There is but one truly serious philosophical problem, and that is suicide*<sup>1</sup>. Direct suicide, i.e. one defined as intentionally putting an end to his/her own life, is the phenomenon of great complexity and challenging from sciences - such as Sociology, Psychology, Law, Psychiatry, for example - to religions, going through bioethics and not leaving aside common sense<sup>2</sup>.

The data provided by the World Health Organization (WHO) are alarming and reveal that approximately one million people commit suicide every year on the planet, and between 10 and 20 million people try it. The WHO report also highlights that suicide is a leading cause of death among young people in most developed countries, but also in the developing ones<sup>3</sup>. If these numbers are shocking, WHO warns that many countries do not provide reliable data - which could raise it up twentyfold. It should be noted that the number of deaths by suicide is greater than the deaths by homicide or in armed conflicts throughout the planet<sup>3</sup>.

According to the Ministry of Health (MS), in 2004 the national average of deaths by suicide was of 4.5 per 100 thousand inhabitants - considered low when compared to countries such as Japan, where the average is 25 deaths per 100 thousand inhabitants. The WHO reports that, similarly to Brazil, the averages in Italy, Ireland and Egypt reach less than 10 deaths per 100 thousand inhabitants.

However, the surprising data is that for MS the Brazilian average of mortality by suicide raised from 3.9 per 100 thousand inhabitants, in 1994, to 4.5 per 100 thousand inhabitants, in 2005 - a rate that has been rising in recent years, mainly in the range of 15 to 29 years old<sup>4</sup>. It should be recalled that the numbers of suicides in Brazil inspire little confidence, either by underreporting due to carelessness by the professional in the area or by taboo, which leads many families to omit the real reason of the death, which does not appear in the death certificate<sup>4</sup>.

Emile Durkheim, at the end of the 19th century, in the celebrated publication about suicide, gives emphasis to the preponderance of the influence of social patterns in the behavior of the individual, an innovative vision that includes an application of sociology to the phenomenon always differently treated in other areas of knowledge - including, dealing with suicide as positive and violent action<sup>5</sup>. The MS/Datasus data, corroborating

the violent aspect of the suicide act, point out its main forms: hanging, strangulation, suffocation, use of firearms and explosives, poisoning<sup>6</sup>.

Without clinging to determinism, suicide is a universal and persistent phenomenon throughout history. It is often motivated by economic problems, unrequited loves, act of heroism, and influence by the social environment or mental disorders. However, what stands out is its paradoxical occurrence in all cultures at all times and ages<sup>7</sup>.

Valuable are the currents of thought that, based on research, deal with suicide - however, almost always focused on the impact of the phenomenon or on the study of the unilateral causes for the understanding of the issue so complex and influenced by numerous factors. In the biological perspective, suicide is studied that repeats in a family, suggesting that biological factors play a strong risk role. In the psychiatric perspective, suicide is directly linked to mental disorders, severe depression, melancholy, emotional imbalances and obsessions, among other factors. In sociological perspective, Émile Durkheim inaugurates, still in the 19th century, a theoretical current to which suicide can only be seen as concerning social influences<sup>8</sup>.

It can be easily noticed that contemporary man is not accustomed to death and dying, even less, with suicide. It is rare to find people willing to talk about it. But it happens close to us, with neighbors and friends - and in large numbers. Contemporary society does not accept certain signs of weakness, as those manifested in the elderly, the disabled and the suicidal. Our society needs triumphant successes or successes to feed their myths of life and auspicious news<sup>7</sup>.

The Governments themselves do not have a specific and efficient health program for those potential suicidals. Health professionals do not have the human and professional training appropriate to receive, care and referral - if applicable - subjects who attempted suicide, in order to serve them in their entirety and refer them to sectors that can handle their problems<sup>9</sup>.

Anyway, much is theorized about suicide, but it lacks a major concern and elaboration on the suicidals: hear him, understand him, in order to scale the phenomenon and realize to what extent our society, concerned with appearances and uncompromised people, influences or is responsible for the increase, decrease and occurrence of a so dramatic and damaging decision

## Theoretical foundation

The theme “suicide” and the various issues around it are present in human thought since Ancient times, either by the discomfort that they entail or for being extremely paradoxical. However, when we talk about suicide, we cannot forget to discuss life and quality of life <sup>8</sup>

Among the famous suicidals, we can start the Greek mythology. The great Ajax, depicted in Homer’s Iliad, spikes the sword in his own chest; Hercules, the most important mythological hero, throws himself into the fire; Narcissus, passionate about his own image reflected in the water, throws himself into it, committing suicide; the philosopher Pythagoras stops feeding and dies in four days; Socrates and Demosthenes ingest hemlock – Socrates was forced to such a choice by the Government of the polis. The law of Athens allowed him the exile, but due to his convictions he chose suicide; Cleopatra let herself be bitten by a viper; Judas Iscariot, repented for the betrayal of Jesus, hanged himself in the branches of a fig tree; Pontius Pilate threw himself to a Lake, after political disagreements; Vincent van Gogh shot himself in the chest; Santos Dumont, depressed by the form of use of his invention in the Constitutionalist Revolution of 1932, hanged himself with his own necktie; Getulio Vargas shot himself in the chest; Adolf Hitler shot his head. Anyway, there are many famous examples <sup>8</sup>

David Hume, a Scottish empiricist philosopher, has an unknown and precious text called “On the suicide”, in which, within the innovative spirit of his time, brings a new way of seeing suicide. Using his own words: *It would not be no crime in me to divert the Nile or the Danube from its course, were I able to effect such purposes. Where then is the crime of turning a few ounces of blood from my natural channels!* “. In other words, a man who retires from life doesn’t hurt society. He can only cease doing some good, but no evil <sup>10</sup>

Whether for love, hate, heroics, altruism, loneliness, lack of identity in the crowd, too much suffering, boredom, existential, psychological problems, depression or social influence, people commit suicide since immemorial times. Today, at least in part of the planet, with the most significant technological advances related to health, we can have a substantial improvement in quality of life, supported by the increase in life expectancy in many countries, including in Brazil – but even then suicide remains <sup>11</sup>

By way of preliminary and conceptual understanding of suicide, it is useful to note some of the subtypes of suicidals. It should be emphasized, however, that these rates do not include all suicidals in the topics below, just some of them: a) desperate suicide is characterized by intolerance and lack of hope that the situation gives the subject, being a way of escape seen as the only possibility; b) the psychotic suicidals would be patients who experience hallucinations. For example, the schizophrenics; c) rational suicidals usually suffer from terminal or progressive illness, and the need for relief of physical symptoms and disability would be the main motivators; d) the histrionic, compulsive or handler suicidal is the one who has as the greatest motivation the desire for attention or revenge <sup>8</sup>

It cannot be accurately determined the existence of a cause for suicide. This phenomenon includes a series of environmental, biological, psychological, cultural and political factors, accumulated in the biography of a subject. The unilateral study of factors exemplified above will inevitably lead to unilateral results also that fail to understand the human being and more specifically suicide, in all its complexity. <sup>12</sup>

The higher incidence of suicide in some age groups or certain groups does not diminish the astonishment of its existence in some specific groups, as among the elderly. The third age can be considered a period of own characteristics, in which occurs the possibility of social, biological and cognitive deficits that may trigger disorders that terminate in suicide. However, it is also a moment in the life of the human being who has experienced difficulties and experiences. So, he should find tranquility and security, but our society still does not conform with the more debilitated individual and marked by years. <sup>8</sup>

Another intriguing motivation is the suicide of religious nature. Typically, the polytheistic religions from Ancient time did not disapprove suicide, and considering it a common practice, even in early Christianity. However, from the Middle age, suicide becomes condemned and combated by St. Augustine and other church priests – a position followed today by the main religions. At present, there are suicide bombers, who in a mixture of religious and political motivation, besides the act of attempting on other people, they kill themselves <sup>13</sup>.

At the personal level, at some point in life and for the most varied reasons, we face with the di-

lemma of whether or not life is worthy; if problems of modern life are worthy to be faced. This question, basically of existential nature, cannot be well resolved without considering the influence of the society as a whole, and the influence played by the nearest social group.<sup>14</sup> It should be considered that our society leads to a daily practice of countless self-destructive behaviors<sup>13</sup> that assume countless hues - which can be translated in the consumption of 40 or more cigarettes per day, drinking alcohol in abusive amounts, machinelike and without limits work, excess of food, the conservation of peace based on thousands of nuclear warheads, among others examples.<sup>2</sup>

To summarize, we can consider our society as fosterer of a toxic existence, which disseminates a praxis which implies a death project, i.e. a living leading to suicide. While the advances in medicine and society are encouraged in favor of the quality of life, a practice in which life has little importance is stimulated<sup>13</sup>. In General, psychiatry has faced suicide as an individual phenomenon. However, the intense pressures that the collective behaviors or the social facts have on private and professional life allow demonstrating, without effort, that such approach is not enough. With his death, the suicidal not just says he could not stand anymore: he also gives the message of no longer being able to live in the social environment in which he is inserted<sup>13</sup>

In each subject that kills himself, a social proposal fails. It is the confirmation that a social project failed in the person of the suicidal. This project cannot be marked only in the dimension of pain and suffering of that victim - and if it is true that today the suicidal pathology is a social pathology, then the way to understand it, face it and cure it cannot be but social<sup>2</sup>. The impact of suicide on society and, in particular on the family of suicidal is shocking. It is the perception that something has to be done. Is the finding that the society, with high technology and power, does not have the skill and time to listen, diagnose and help a person about to act so radically.

Despite several conceptions about the suicide, today there is a greater concern not only in analyzing the phenomenon of its denouement, but perceiving it as final and ultimate act, the result of a series of other facts of biological, cultural or social nature. If suicide is now seen as a process, the way of understanding it and preventing it must also go through an understanding of the stages of that process.

Anyway, suicide is always an act of extreme violence. It is one of the cruelest forms of destruction, for involving questionings that do not find answers in scientific, religious and academic explanations. It is a deep mystery that challenges those scholars who try to elucidate it, in the vain and unsustainable belief of understanding it<sup>15</sup>

## Bioethics and suicide

As noted, various sciences deal with the theme of suicide as their area of knowledge. The intent of the present work is to study it under the bioethics perspective, though this field is still treating it with some restriction, because after intense review of the literature little was found about this phenomenon.

The term *bioethics*, introduced by Van Rensselaer Potter who, amazed with the exponential development of scientific knowledge and with the delay in the reflection needed to its use, proposed the creation of a new discipline, refers to a science of survival, based on alliance of biological knowledge (bio) with human values (ethics)<sup>16</sup>. Potter claims for bioethics a wide field of application, encompassing the population control, peace, poverty, ecology, animal life, of mankind's welfare and the survival of the human species and the planet as a whole, with an interdisciplinary character. Surpassing the limits of a particular science, it is installed in the social responsibility plan, which should be the goal of all human thought<sup>16</sup>.

It is within this panorama of bioethics as a discipline dedicated to the study of current issues of life from the perspective of ethics, that suicide should be studied. As mentioned before, this concept has social, cultural, biological and psychological features, enveloped by a dramatic and radical character that cannot stay away from the eyes of this discipline so current and rich. Then, when reflecting on bioethics and suicide, it is essential to mention and understand what bioethics is as a reading key of the reality, in which it is discussed. It should be remembered that the subject of such reflection - and also of the suicide - is the human being who lives in scenario imposed by an ideology, a political and social system that often causes strong collections and misfits, and for which people are not properly prepared, what leads them to despair and, consequently, to suicide<sup>17</sup>

Ethics, while discipline, refers to critical reflection on human behavior, a reflection that inter-

prets, discusses and problematizes, investigates the values, principles and moral behavior in search of good, good life, the well-being of life in society. So, ethics is one of the regulation mechanisms of social relations of man, since it aims to ensure social cohesion and to harmonize individual and collective interests<sup>18</sup>. The contemporary ethical approach is the result of a secular and democratic society. It deviates from the religious moral connotations, despite being the field of study and reflection of various groups; it is a pluralist ethic that supports a diversity of approaches, attitudes and values. The approach is interdisciplinary, taking advantage of collaboration and interaction of the diversity of biological and human sciences<sup>18</sup>.

Therefore, the word bioethics, ethics of life, refers necessarily to the multidisciplinary reflection related to various fields acting in health and in life, in which philosophers, theologians, sociologists, anthropologists, lawyers, religious, doctors, biologists, politicians, economists and others actively participate. Its perspective is autonomous and humanist: the human person in its entirety – hence bioethics can be defined as an instrument of reflection and action from the principle of respect to human.

This discipline is concerned with the respect for humanity in every human being, that is, every act of violence, aggression and disrespect to himself. What at this point can refer to suicide, also affects the very essence of our civilization, it compromises the well and the future of humanity itself<sup>16</sup>.

Within this context, another principle related to bioethics is the protection – which cannot be understood as paternalism, but as the act of the person, public agencies and society itself to perceive those subjects vulnerable to a variety of problems that can lead to suicide. To protect the subject to regain total autonomy over own acts, decide on his future with freedom and insight<sup>19</sup>. As stated, the subject of our attention is the human person. He is a physical, psychic, social and spiritual being at the same time. To better understand this approach, we will use the word *health* in the ideal sense to qualify the four dimensions of the human being<sup>11</sup>:

Physical health: is the absence of mutilations, injuries, pain, tiredness, hunger or thirst. It is the normal development of the individual and the balance between organic components. Mental health: it implies the orientation of space and time, absence of alienation, ability to balance oneself in various

situations of life, self-fulfillment, openness to the other and to oneself, freedom of thought, expression and creation. Social health: is the adjustment of the individual in the social group (adjustment means the ability of the person to locate himself, to relate with the others). It implies adequate housing, balance of economic factors (compatible labor and wages), recreation, education (which permits, by observation and analysis, the questioning of reality), friendship, sympathy, relationship. Spiritual health: it is in the way of viewing life. All have a purpose in life, headquarters of an absolute (or transcendental): for Christians, God; for Muslims, Allah; for atheists, Man. This is essential for overcoming difficulties, suffering or disease. These four dimensions form a set in which the human relationship, connected to bioethics, is the main key.

### Final considerations

For many, bioethics is more than a discipline, it is a territory, a land of encountering of knowledge about problems arising as a result of the progress of science, such as contraception, abortion, organ transplantation, drugs, degradation of the biosphere, issues of social justice in the distribution of health resources. Add to this is a multidisciplinary connotation involving philosophical, biological, sociological, legal, medical, genetic, psychological and theological problems, among others. And it is exactly in this territory that it should always prevail the concern with the *human*, that suicide theme should be placed<sup>20</sup>

In view of these aspects, we can say that bioethics will be soon an indispensable tool and strategy not only for better understanding suicide, since that it will also provide the necessary instruments of reflection to assist in behavioral changes that are likely to contribute to its reduction or occurrence. This means that man shall be more worried with his fellow man, providing him with opportunities to listen to him, understand him and new chances to restart something<sup>16</sup>.

It is necessary, then, that bioethicists be aware of the seriousness of the phenomenon and of a significant number of people who carry out such radical gesture, so that we can direct our research, reflections and efforts to find ways to minimize the pain and despair of suicidals, their families and the whole perplexed society.

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